

| <b>AMENDMENT TRANSMITTAL LETTER</b>                                                                                                                                                              |                                           |                                         |                                   | Docket No.<br>0216-0521PUS1 |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|-----------------------------|------|
| Application No.<br>10/593,394-Conf. #2695                                                                                                                                                        |                                           | Filing Date<br>September 19, 2006       |                                   | Examiner<br>T.M. Boykin     |      |
| Art Unit<br>1796                                                                                                                                                                                 |                                           |                                         |                                   |                             |      |
| Applicant(s): Shinsuke FUKUOKA et al.                                                                                                                                                            |                                           |                                         |                                   |                             |      |
| Invention: POLYMERIZER DEVICE FOR PRODUCING AN AROMATIC POLYCARBONATE                                                                                                                            |                                           |                                         |                                   |                             |      |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>                                                                               |                                           |                                         |                                   |                             |      |
| Transmitted herewith is an amendment in the above-identified application.                                                                                                                        |                                           |                                         |                                   |                             |      |
| The fee has been calculated and is transmitted as shown below.                                                                                                                                   |                                           |                                         |                                   |                             |      |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                         |                                           |                                         |                                   |                             |      |
|                                                                                                                                                                                                  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                        |      |
| <b>Total Claims</b>                                                                                                                                                                              | 14                                        | - 20 =                                  | 0                                 | x 50.00                     | 0.00 |
| <b>Independent<br/>Claims</b>                                                                                                                                                                    | 1                                         | - 3 =                                   | 0                                 | x 210.00                    | 0.00 |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>                                                                                                                  |                                           |                                         |                                   |                             |      |
| <b>Other fee (please specify):</b>                                                                                                                                                               |                                           |                                         |                                   |                             |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                                  |                                           |                                         |                                   |                             | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>                                                                  |                                           |                                         |                                   |                             |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.                                                                                                            |                                           |                                         |                                   |                             |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.                                                       |                                           |                                         |                                   |                             |      |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.                                                                                                                          |                                           |                                         |                                   |                             |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                      |                                           |                                         |                                   |                             |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |                                           |                                         |                                   |                             |      |
| <input type="checkbox"/> Credit any overpayment.                                                                                                                                                 |                                           |                                         |                                   |                             |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                             |                                           |                                         |                                   |                             |      |
| <br>John W. Bailey<br>Attorney Reg. No.: 32,881                                                                                                                                                  |                                           |                                         |                                   | Dated: <b>AUG 13 2008</b>   |      |
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